

EXHIBIT 9

BLOODSTAIN PATTERN ANALYSIS

REPORT OF EXAMINATION

TO: Detective Sergeant Snow Robertson
Odessa Police Department / Metro Homicide

FROM: Sergeant Rick Pippins
Odessa Police Department

DATE: December 8, 1994

SUBJECT: Manuel Aguirre & Merced Aguirre

REFERENCE: STATE OF TEXAS VS. MICHAEL DEAN GONZALES
D-23,731 (O.P.D. Case # 9427980)

CIRCUMSTANCES:

Manuel Aguirre, a 73 year old man and his wife 65 year old Merced Aguirre, were found in their home on April 22, 1994. Both of the Aguirre's had been stabbed. Examination was made of the crime scene and bloodstain evidence in an attempt to determine the position(s) of persons and objects during and following the violent incident of bloodshed.

EVIDENCE
EXAMINED:

1. The crime scene located at 220 Schell, on April 22, 1994.
2. The bodies of Manuel and Merced Aguirre at the crime scene, on April 22, 1994.
3. The photographs of the crime scene made by the Odessa Police Department Criminalistics Division.
4. Odessa Police Department case report 9427980 regarding the capital murder of Manuel and Merced Aguirre.
5. The autopsy reports on the remains of Manuel and Merced Aguirre performed by Dr. Sparks Veasey, on April 23, 1994.

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CASE SUMMARY:

On or about the 22nd day of April, 1994, Manuel and Merced Aguirre were found inside their residence at 220 Schell, deceased. Both had been repeatedly stabbed. Upon further investigation it was determined that their residence had been burglarized. The defendant was found to have sold the stolen items and later confessed to investigators that he had killed the elderly couple, his next door neighbors, during the commission of the burglary.

AUTOPSY FINDINGS:

The Autopsies were performed by Sparks Veasey, M.D., at Medical Center Hospital, Odessa, Tx., on April 23, 1994. The cause of death for both Manuel and Merced Aguirre was determined to be multiple stab wounds. The manner of death for both Manuel and Merced Aguirre was ruled homicide.

The following is an excerpt concerning injury descriptions taken almost verbatim from the autopsy reports submitted by Dr. Sparks Veasey on Manuel and Merced Aguirre.

Evidence of Injury - Manuel Aguirre

There are multiple, incised wounds.

Over the left, upper, lateral eyebrow/eyelid is a semilunar, superficial incised wound measuring 0.8 cm in length.

Over the right, metacarpal-phalangeal joint of the thumb, laterally with the body in the anatomic position, is an incised wound, defensive in type, measuring 3.2 cm in length. There is a very superficial, incised wound (scratch) involving the palmar aspect over the distal, metacarpal of the fifth digit of the right hand, having a length of 1.5 cm.

Over the lateral aspect of the distal metacarpal of the second digit of the left hand, with the body in the anatomic position, is a stellate, irregular, incised wound, measuring 3.0 by up to 4.0 cm, with the trailing edge of the wound extending onto the proximal phalanx of the second digit of the left hand. There is a superficial, undermined, incised wound involving the distal interphalangeal joint of the second digit of the left hand, measuring 0.5 cm.

There is an undermined, irregular incised wound of the proximal, metacarpal area of the fifth digit of the left hand, involving the palmar aspect, having a circumferential length

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of 5.0 cm. Over the distal ulna of the left arm, medially with the body in the anatomic position, is a superficial incised wound measuring 0.7 cm. There is an injury involving the dorsal aspect of the midportion of the left forearm, which may represent an irregular, superficial, incised wound, measuring 1.0 cm in length.

Over the proximal, distal phalanx dorsally of the third digit of the left hand is an abrasion, measuring 0.5 by 0.3 cm, which may represent a superficial, undermining, incised wound.

The incised wound of the web between the first and second digits (thenar eminence), previously described, extends into the metacarpal, phalangeal joint space.

There are multiple stab wounds involving the anterior neck and chest. The stab wounds are arbitrarily numbered, and are not necessarily numbered in the sequence sustained.

Stab Wound No. 1: In the anterior neck, very slightly to the left of the midline, is a stab wound, measuring 1.9 cm in length, oriented diagonally, with the upper portion being medial. This stab wound is located 47 1/2 inches above the left heel with the decedent in a standing position, and 24 1/2 inches above the left inferior gluteal fold with the decedent in a seated position. Recapitulation of the margins of the wound reveals a blunt extremity medially and superiorly. From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and extends along the right aspect of the larynx. There is a subtotal transection of the right lobe of the thyroid gland, with subsequent extension of the track into the right carotid artery, causing a subtotal transection. The track then extends into the area of the seventh cervical vertebra and first thoracic vertebra, causing a defect of the spine within this area.

There is extensive hemorrhage within the carotid sheath, and along the track.

The stab wound is left to right, downward, and front to back.

Stab Wound No. 2: In the left, anterior, lateral neck, with its centerpoint 6.0 cm to the left of the midline, 57 1/1 inches above the left heel with the decedent in a standing position, 24 1/2 inches above the left inferior gluteal fold with the decedent in a seated position, is a stab wound of entrance, irregular, measuring 3.2 cm in length. Reapproximation of the margins of the wound fails to definitively reveal a blunt and sharp extremity.

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From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and causes a defect of the left, jugular vein, and a very superficial defect of the left, carotid artery. the track then extends into the lateral margin of the proximal trachea, causing a severe, gaping defect of the trachea.

The stab wound is left to right, slightly downward, and slightly front to back. The track is an estimated four to five inches.

Stab Wound No. 3: In the right, anterior chest, diagonally oriented, with its centerpoint 5.3 cm to the right of the midline, measuring 2.5 cm in length, 55 1/4 inches above the right heel with the decedent in a standing position, 23 1/2 inches above the left inferior gluteal fold with the decedent in a seated position, is a stab wound of entrance. The superior portion of this stab wound of entrance is lateral. Recapitulation of the margins of the wound reveals a blunt extremity that is lateral, measuring approximately 0.2 cm.

From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and enters the thorax between ribs one and two on the right side, and subsequently extends into the thoracic cavity, causing a perforation of the right, upper lobe of the lung, and subsequently extends into the pleura posteriorly, between ribs two and three on the right side. The depth of penetration is approximately five inches.

The stab wound is front to back, slightly downward, and left to right.

Stab Wound No. 4: In the left, anterior chest, with its centerpoint 3.5 cm to the left of the midline, 55 inches above the left heel with the decedent in a standing position, 22 1/1 inches above the left inferior gluteal fold with the decedent in a seated position, is a stab wound of entrance. The stab wound measures 1.7 cm in length. Reapproximation of the margins of the wound reveals a blunt extremity medially and superiorly. The blunt extremity has a width of approximately 1 to 2 millimeters.

From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and enters the chest between ribs one and two on the left. There are severe bony defects in this area, with near total transection of rib one at the juncture with the sternum. Stab wound number 5 coalesces with this wound, and together these tracks extend through the mesial segment of the left, upper lobe, and subsequently enter the mediastinum, causing a subtotal transection of the aorta,

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in the proximal, ascending portion.

These stab wounds are left to right, downward, and front to back.

The maximum depth of penetration of this stab wound is an estimated four to five inches.

Stab Wound No. 5: In the left, anterior chest, with its center point 5.7 cm to the left of the midline, 54 1/2 inches above the left heel with the decedent in a standing position, 22 inches above the left inferior gluteal fold with the decedent in a seated position, is a stab wound of entrance, having a length of 1.5 cm, with reapproximation revealing a blunt extremity medially.

The track coalesces, as previously noted, with Stab Wound No. 4.

Stab Wound No. 6: In the left, anterior chest, with its centerpoint 7.0 cm to the left of the midline, 52 1/4 inches above the left heel with the decedent in a standing position, 19 1/2 inches above the left inferior gluteal fold with the decedent in a seated position, is a stab wound of entrance, measuring 2.5 cm in length. This stab wound is transversely oriented, and reapproximation shows an apparent blunt extremity, medially, measuring approximately 1 to 2 cm.

From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and essentially transversely through the third rib anteriorly. Subsequently, the track extends into the thoracic cavity, causing a perforation of the medial segment of the midleft, lower lobe. There is hemorrhage in the epicardial fat which likely represents a progression of this stab wound. The stab wound is front to back, slightly downward, and without significant left to right deviation. The depth of penetration is an estimated three inches.

Stab Wound No. 7: In the left, anterior shoulder, with its centerpoint 15 cm to the left of the midline, 56 1/4 inches above the left heel with the decedent in a standing position, and 23 1/4 inches above the left, inferior gluteal fold with the decedent in a seated position, is a stab wound of entrance, measuring 2.0 cm. The stab wound of entrance, upon reapproximation of the margins, shows an apparent blunt extremity medially, and a sharp extremity laterally. From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and does not enter the thorax.

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Stab Wounds Nos. 8, 9, and 10: In the left, superior, anterior, lateral thorax are a series of three stab wounds, the centerpoint of each of which is approximately 15.0 cm to the left of the midline, with the middle of these stab wounds being 52 1/1 inches above the left heel with the decedent in a standing position, 20 inches above the left, inferior, gluteal fold with the decedent in a seated position. the upper of these stab wounds (No. 8) measures 2.0 cm in length, and contains, upon reapproximation of the wounds, an apparent blunt extremity laterally. the middle of these stab wounds (No. 9) measures 2.5 cm in length, and contains a blunt extremity medially, and a sharp extremity laterally. The blunt extremity measures 1 to 2 millimeters in length.

The lower of this series of three stab wounds (stab wound No. 10) is 2.4 cm in length, and contains a blunt extremity medially upon reapproximation of the wounds, with the blunt extremity measuring 1 to 2 millimeters.

From these stab wounds of entrance, the tracks extend through the skin, subcutaneous tissue, with one of the wounds incising rib three, another extending between rib three and four, and another extending between rib four and five laterally. the tracks then extend into the lateral portion of the left lung, with one of the stab wounds perforating the left upper lobe.

These stab wounds are left to right, slightly front to back, and slightly downward. The maximum depth of penetration is an estimated five inches.

Stab Wound No. 11: In the left, lateral neck is a very irregular stab wound, measuring 1.7 cm in length, circumferentially located 8.0 cm to the left of the midline, and 8 1/4 inches from the top of the head, and 7.0 cm inferior to the tragus of the left ear. Reapproximation of the wound reveals a small, tissue tag extending from the medial portion into the wound.

From this stab wound of entrance, the track extends through skin, subcutaneous tissue, and extends into the soft tissue posterior to the pharynx. The depth of penetration is approximately 1 3/4 inches.

In the left chest are 1,400 cc of blood. There are less than 55 cc of blood in the right chest, with the right lung being severely adhered to the chest wall.

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Evidence of Injury - Merced Aguirre

There are multiple, incised wounds involving the extremities.

Over the dorsal, left, distal forearm is a transversely oriented superficial incised wound measuring 3.8 cm in length. Over the distal, left radius is a superficial incised wound measuring 0.8 cm. There is a superficial incised wound of the radial aspect of the proximal left forearm measuring 1.1 cm in length. There is a severe incised wound involving the left thenar eminence, through and through, having an aggregate circumferential dimension of 9.0 cm. There is an incised wound of the palmar aspect of the left hand measuring 0.9 cm. there is an incised wound of the ulnar aspect of the palmar surface of the left hand, measuring 3.8 cm. There is a superficial incised wound of the distal phalanx of the third digit of the left hand dorsally, measuring 0.8 cm.

Over the dorsal aspect of the left hand is a cutting injury measuring 1.8 cm, which becomes continuous with the injury of the left palm. The injury of the left palm appears to be an entrance site, with the stab wound progressing through the hand, through the metacarpal-phalangeal joint of the fourth digit of the left hand.

There is a superficial, incised wound over the distal aspect of the proximal, dorsal phalanx of the second digit of the left hand.

There is a contusion of the radial aspect of the mid-forearm, dorsally, measuring 1.6 cm in diameter.

There is a severe, incised wound involving the lateral aspect of the right, distal upper arm with the body in the anatomic position, having a circumferential aggregate length of 15.5 cm, with exposing of underlying musculature. There is a severe, incised wound, vertically oriented, of the dorsal, right wrist, measuring 6.0 cm, with the underlying distal ulnar head being partially excised.

Over the distal, metacarpal head of the fifth digit of the right hand dorsally is an incised wound measuring 1.2 cm in length. Diagonally oriented from the dorsal aspect of the fifth digit of the left hand, involving the proximal phalanx, and extending medially with the body in the anatomic position, is a gaping incised wound measuring 1.8 cm. Over the palmar aspect of the medial aspect of the proximal right hand with the body in the anatomic position is a deep, incised wound measuring 2.6 cm. There is a severe, incised wound involving the thenar eminence of the right hand, measuring 2.0 cm. Over

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the innerspace between the first and second digit of the right hand, extending from the dorsal surface to the palmar surface, is a severe, incised wound measuring 3.0 cm in length.

Extending from the midline of the of the posterior occipital area anteriorly to the parietal-occipital area within the midline is an incised wound measuring 8.5 cm in length, slightly irregular, with a single tissue tag along the left side.

Over the right, lateral, upper arm is a contusion measuring 6.5 cm in length.

Stab Wounds

NECK: There are numerous stab wounds involving the neck, arbitrarily numbered, not necessarily in the sequence sustained.

Stab Wound No. 1: Extending through the lobe of the left ear, and subsequently into the superior, lateral neck, is a severe stab wound, measuring 3.0 cm in length.

Stab Wound No. 2: In the left, lateral neck is a stab wound measuring 1.0 cm in greatest dimension, with reapproximation of the margins of this wound demonstrating a blunt extremity anteriorly, and a sharp extremity posteriorly and inferiorly.

Stab Wound No. 3: In the left, lateral neck, with the orientation of the stab wound identical to that of Stab Wound No. 2, is a stab wound measuring 1.5 cm in length, with orientation of the blunt and sharp extremity identical to No. 2.

Stab Wound No. 4: In the left, lateral neck, with its center point 6.0 cm to the left of the midline, is a severe stab wound measuring 2.5 cm, with the blunt extremity of the wound being oriented anteriorly, and the sharp extremity inferiorly and posteriorly.

At the angle of the jaw on the left is an incised wound measuring 1.2 cm.

Over the right, lateral neck, with its center point circumferentially 7.0 cm to the right of the midline, is a stab wound, containing a blunt and sharp extremity, with the blunt extremity being oriented superiorly and medially, while the sharp extremity is located inferiorly and laterally. this stab wound measures 2.5 cm in length. Over the right, lateral

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neck, with its center point 4.0 cm circumferentially from the midline, and oriented diagonally, is a stab wound measuring 1.0 cm in length.

Over the anterior, inferior, right neck, is a stab wound measuring 2.0 cm in length, containing a blunt extremity laterally and superiorly, while the sharp extremity is inferiorly and medially. This stab wound measures 2.0 cm. There is a trailing abrasion medially extending from the sharp extremity of this stab wound.

Associated with the stab wounds of the neck are: cutting injuries involving the left, internal carotid artery, a perforation of the anterior, lateral portion of the trachea between the first and second tracheal rings on the right, a puncture of the cricothyroid membrane. Associated with the partial transection of the left, carotid artery is a incised wound of the tongue. These injuries were associated with the stab wound involving the left ear. There is a superficial, incised wound of the fifth cervical vertebra.

THORAX AND ABDOMEN: Over the left, anterior thorax, involving the left breast, and extending to the medial aspect of the clavicle, are a cluster of stab wounds encompassing an area 17.0 by up to 15.0 cm. Twenty-four separate wounds compose this cluster. One of these is large and gaping, and appears to have been associated with cutting in addition to stabbing, and measures 8.0 cm in length. The smallest of these wounds measures 1.0 cm. A blunt and sharp extremity are identified in a number of these wounds, with the majority of the wounds in which a blunt and sharp extremity can be identified containing a blunt extremity medially.

There is a stab wound in the left axilla, which measures 1.5 cm, is vertically oriented, and extends into skin and subcutaneous tissue only.

Internally, there are multiple, defects related to the overlying stab wounds, including severe multiple stab wounds of the left, upper lobe of the lung, one of which is through and through, and perforates the left, lower lobe of the lung, and subsequently exits the left, lower lobe of the lung, causing a defect of the pleura between ribs five and six, posteriorly. There are two severe stab wounds of the heart, one extending into the left ventricle, and the other extending into the right ventricle of the heart. Superficial incised wounds of the epicardium are additionally present. There is a transection of the left mainstem bronchus. There is a perforation of the distal esophagus.

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In the right, anterior chest is a stab wound, essentially vertically oriented, containing a blunt extremity superiorly, and a sharp extremity inferiorly, measuring 2.0 cm in length. This stab wound is 3.0 cm to the right of the midline.

There is a severe, incised wound involving the right breast, with its most medial aspect measuring 5.0 cm from the midline, oriented slightly diagonally, measuring 10.0 cm in aggregate length. No communication with the thoracic cavity is noted.

Over the medial, inferior, right breast is a severe stab wound, measuring 5.0 cm, with a trailing margin medially. A blunt extremity is evident laterally. Immediately inferior to this stab wound is a separate stab wound measuring 1.2 cm. in length. This wound coalesces with the track of the stab wound immediately with its center point 13.5 cm to the right of the midline, is a stab wound measuring 1.2 cm in length. This stab wound enters the thoracic cavity.

On the right, there is a defect of the fifth rib, with an underlying perforation of the right ventricle of the heart. There is a defect between the fifth and sixth ribs on the right, with an underlying defect of the right, lower lobe of the lung.

There are 175 cc of blood in the left chest, and 75 cc of blood in the right chest. There are multiple, severe defects of the anterior rib cage, bilaterally.

In the upper quadrants of the abdomen is a cluster of fifteen stab wounds, encompassing an area 18.0 by up to 15.0 cm. These stab wounds range from a maximum length of 3.0 cm to a minimum length of 2.0 cm. Blunt and sharp extremities can be identified in a number of these wounds, and are variable as to orientation.

The cluster of stab wounds within the abdomen contains underlying, multiple punctures of the large and small intestine and punctures of the stomach. There is one puncture wound which extends into the pancreas, with a very small amount of blood within the retroperitoneum associated with this pancreatic injury. The stab wound to the right, lower quadrant extends into loops of bowel, without other associated injury. there is fecal material within the abdomen.

In the right lower quadrant of the abdomen, oriented slightly diagonally, with the superior portion representing the blunt extremity and being oriented medially, is a stab wound located 8.0 cm to the right of the midline. This stab wound measures

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2.0 cm in length, and a blunt extremity is present superiorly and medially.

Associated with this stab wound is perforation of loops of bowel. The depth of penetration is an estimated four to five inches.

UPPER EXTREMITIES: There are four stab wounds involving the left shoulder, oriented from the left axillary midline to the lateral aspect of the left, upper arm, with the largest of these measuring 2.4 cm in length, and the smallest measuring 1.8 cm in length. Sharp and blunt extremities can be identified on two of these, and are variable as to orientation.

LOWER EXTREMITIES: There is a severe, incised wound involving the medial aspect of the left thigh, with a large skin flap, with this severe incised wound measuring 11.0 by 4.5 cm. Over the medial aspect of the left knee is a severe, incised wound measuring 5.5 cm. There are superficial, incised wounds (scratches) additionally over the left knee, with the largest of these measuring 2.5 cm in length.

There is an incised wound of the left heel which measures approximately 1.0 cm in length, transversely oriented.

LABORATORY
REPORTS:

None available at the time of this writing.

PHOTOGRAPHS:

Numerous photos of the scene in possession of the Odessa Police Department accurately depict the scene as I found it on April 22, 1994. Further, for investigative purposes there are many photos in possession of the Department that accurately depict the scene after the bodies of Manuel and Merced Aguirre had been removed. Additionally, autopsy photographs were made available for my inspection. Further comment or description is unnecessary because of the opportunity for direct scene examination.

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SCENE

EXAMINATION:

The crime scene was investigated for bloodstain pattern analysis by Sergeant Rick Pippins on April 22, 1994. The following is an excerpt concerning bloodstain evidence taken almost verbatim from the notes made by Sergeant Pippins on that day.

INTERIOR RESIDENCE (examined April 22, 1994)

Manuel Aguirre

1. Mr. Aguirre was found seated in a lounge chair in the livingroom of the residence, inclined to the left. His left arm hangs down over the chair arm toward the floor. He is still wearing his eye glasses. There is little evidence of efficient struggle on Mr. Aguirre's part with his attacker. Given the number and severity of his wounds, this is suggestive of an efficient, swift, probably surprise attack by a stronger and/or more skillful opponent.
2. Most of the wounds and related bloodstain are concentrated on the left side of Mr. Aguirre's upper torso. This suggests a right handed attacker.
3. Blood from Mr. Aguirre's wounds on the left torso and neck has flowed down Mr. Aguirre's left arm. The flowed blood down Mr. Aguirre's left arm with little or no aspect change, indicates that Mr. Aguirre has not moved from this position since the attack.
4. The pants Mr. Aguirre is wearing contain numerous bloodstain. On the right front of Mr. Aguirre's pants there is evidence of transfer impression patterns of blood left by Mr. Aguirre's right hand and upper arm. Most importantly, there is considerable bloodstaining on the upper right, lower right and upper left pants legs, as well as Mr. Aguirre's right foot by droplets predominantly in the 1mm to 3mm range. Some of these drops can be attributed to cast off patterns by the weapon as it swings in a forward arc. Many of the droplets are caused by the actual impact of the weapon as it strikes into a blood covered medium. These stains are also evidenced on the left interior arm of the chair upon which Mr. Aguirre is resting.

Livingroom

1. The room seems to be relatively orderly and furniture appears to be in place. There is no sign of great struggle.

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2. Blood from Mr. Aguirre's wounds on the left torso and neck has flowed from his left arm onto the left arm of the chair Mr. Aguirre is occupying. The blood has considerably soaked the cushion and floor carpeting below.
3. A portion of a newspaper several inches to the left and behind Mr. Aguirre's left hand and arm as it hangs toward the floor is bloodstained with different types of blood drops. Most of the stain can be attributed to the splashed blood effect when blood flowing down Mr. Aguirre's left arm has dropped down into the pool it has created. This has caused considerable spattering. The different sizes for the drops is an effect of clumping and adhesion. The newspaper has not moved since the violent incident of bloodshed. The larger drops most likely attributed to Mr. Aguirre's movements during the bloodletting, are exhibiting blood flow because of the upward angle of the newspaper against the folding table next to the chair upon which Mr. Aguirre is resting. Another portion of the newspaper also contains bloodstain. However this portion contains some bloodstain patterns that are unrelated to the position that this newspaper is occupying. Therefore, I believe this paper was moved by someone, possibly the attacker, after the violent incident had ceased.
4. Not surprisingly there is very little bloodstain evidence in relation to the actual stabbing motion. This is indicative of sharp instruments designed to cut and stab, and have as an integral part a surface area that is small, hard and smooth. However, on the overhead light fixture, above and in front of Mr. Aguirre's sitting position, there appear small, (less than 3mm) droplets of blood. Given the position of Mr. Aguirre, and the related evidence, these droplets are most likely cast off bloodstain from the weapon used. A remarkable void area on the lounge chair was found after removal of Mr. Aguirre's body. This is also strongly indicative of the bloodshed occurring after Mr. Aguirre was upon the chair.

Merced Aguirre

1. Mrs. Aguirre was found lying on her back with her legs bent and inclined to the left, on the floor of the kitchen between the kitchen table and West wall, near the entrance to the livingroom. Her head was pointing to the North, her feet to the South. Mrs. Aguirre's person and clothing are considerably more bloodstained than that of Mr. Aguirre. Mrs. Aguirre is also wearing spectacles.
2. Mrs. Aguirre's face is turned to the left as she lies supine on the floor. There is a great deal of flowed blood that

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appears to have come from her nose and/or mouth that appears to be somewhat evenly dispersed on the right and left side of her face. This indicates that her face was in a somewhat "straight up" position at one point in the latter stages of the violent incident of bloodshed and had an aspect change after the blood flow.

3. There is evidence of impact spatter (1mm to 3mm) on Mrs. Aguirre's face and forehead, that can be attributed to the attacker striking the blood soaked medium of her blouse.
4. As indicated above the bloodstain on Mrs. Aguirre is much greater in volume than that of Mr. Aguirre. However, also like Mr. Aguirre, the bloodstain appears to be more concentrated on the left upper chest. This would also suggest that the assailant is right handed, and further suggests that the same person attacked both Mr. and Mrs. Aguirre.
5. Aspect changes in the direction of blood flow on both the arms and hands of Mrs. Aguirre are indicative of movements after the bloodletting had begun. The underlying and overlying flow is not readily distinguishable, and no reliable statement can be made relating to a sequence of movements concerning these stains. There is transfer bloodstain on the hands and lower arms of Mrs. Aguirre with no readily distinguishable pattern.
6. There is evidence of dropped bloodstain on the lower front portion of Mrs. Aguirre's blouse. This bloodstain appears to be circular and in the 5mm to 9mm range. This staining was most likely placed on the blouse after Mrs. Aguirre was in the supine position she was found. It is possible then that the attacker dropped the blood from his person while standing or kneeling over Mrs. Aguirre.
7. Transfer impression patterns in the folds of the mid to lower front of Mrs. Aguirre's blouse indicate that at one point at/or near the end of the bloodletting, that someone, possibly the attacker pushed Mrs. Aguirre's blouse upward on her torso.
8. There is evidence of aspect changes in the blood flow on both of Mrs. Aguirre's upper and lower legs. At one point during the bloodshed, Mrs. Aguirre's legs were in a bent position, knees up, while she was lying supine. Although the overlying and underlying pattern is not readily discernable, it is possible to make some analysis of the sequence of movements.
9. Transfer patterns on both of the anterior aspect of Mrs. Aguirre's legs appear to be hand and finger impressions. No readily discernable hand or fingerprints can be seen by the

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naked eye.

10. Mrs. Aguirre is wearing a house slipper on her right foot. The left foot is bare. There is bloodstaining on the bottom of her left foot which had an incised wound indicating that at one point after bloodshed had begun, that she was either standing or lying supine, knees up, with her foot on the floor.

Kitchen

1. The West wall contains a multitude of bloodstains both remarkable and unremarkable.
2. The most important pattern is that of a transfer impression pattern approximately 40" above the floor, and in approximate relation to Mrs. Aguirre's upper legs as she lies supine on the floor next to the West wall, (see crime scene sketch by Sgt. Robertson for measurements of the body in relation to the room). This pattern is recognizable as the partial print of the left hand and fingers of a person. It is possible that prints may be recovered that would confirm whether the prints belong to Mrs. Aguirre, or her attacker.
3. A large transfer impression pattern appears on the West wall centered approximately 10 " above the floor and in relation to Mrs. Aguirre's right shoulder. This pattern, roughly circular and approximately 10" in diameter clearly shows that Mrs. Aguirre's head and blood soaked hair was at one time during the violent incident of bloodshed pressed against the wall at that location.
4. A swipe transfer impression pattern appears on the West wall centered approximately 11 " above the floor and in relation to Mrs. Aguirre's right upper arm. This pattern, roughly diagonal and approximately 7" in length and 5" in height indicates that Mrs. Aguirre's shoulder and/or upper arm was at one time during the violent incident of bloodshed pressed against the wall at that location. The movement of the pattern is right to left and down as viewed facing the West wall.
5. A swipe transfer impression pattern appears on the West wall centered approximately 25 " above the floor and in relation to Mrs. Aguirre's right elbow. This pattern, irregularly shaped, indicates that Mrs. Aguirre's head and neck was at one time during the violent incident of bloodshed pressed against the wall at that location. The movement of the pattern is left to right and downward as viewed facing the West wall.

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6. Other transfer impression patterns appear on the West wall in close relation to those already mentioned. They are possibly other partial hand and finger impressions, although I cannot support this conclusion with positive interpretation.
7. Numerous medium velocity impact spatter stains, predominantly 1mm-3mm in diameter, are found on the West wall. With the underlying and overlying patterns of impact and cast off stains on the West wall, it will be nearly impossible to determine the number of blows delivered to Mrs. Aguirre during the violent incident of bloodshed.
8. A central impact site for medium velocity impact spatter appears on the West wall centered approximately 36" above the floor and in relation to Mrs. Aguirre's right upper arm. This impact site appears to be an overlying pattern to numerous cast off stains from a previous and more elevated pattern. This is indicative that bloodshed had already commenced prior to the impacts that caused the stain at that location.
9. A central impact site for medium velocity impact spatter appears on the West wall centered approximately 38" above the floor and in relation to Mrs. Aguirre's head. This impact site also appears to be an overlying pattern to numerous cast off stains from a previous and more elevated pattern. Again, this is indicative that bloodshed had already commenced prior to the impacts that caused the stain at that location.
10. There is a considerable volume of flowed blood on the floor under and around Mrs. Aguirre. There is a remarkable void area on the floor that presented after Mrs. Aguirre's body was removed. This is strongly indicative that the great amount of blood loss evident occurred after she had reached a position laying on the floor. A swipe transfer pattern on the floor approximately 10" from the West wall and in relation to Mrs. Aguirre's right lower leg, appears to have been caused by the movement of Mrs. Aguirre's left foot after the violent bloodshed had taken place and she had moved to her final resting position. No overlying pattern is seen, although dropped blood on the floor is present.
11. A swipe transfer pattern on the floor approximately 10" from the West wall and in relation to Mrs. Aguirre's right lower leg, appears to have been caused by the movement of Mrs. Aguirre's left foot after the violent bloodshed had taken place and she had moved to her final resting position. No overlying pattern is seen, although dropped blood on the floor is present.

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12. Circular blood drops are present on the floor around the lower legs of Mrs. Aguirre. The blood source of these drops, approximately 4mm-11mm in diameter, was directly over the area where Mrs. Aguirre is lying, prior to the time she came to her final rest on the floor. The most likely occurrence then is that Mrs. Aguirre was suffering blood loss prior to the time she fell to the floor. This would seem to indicate that Mrs. Aguirre was attacked while standing or semi-erect, and then pushed to floor.

Other Rooms

Very little remarkable bloodstain is found in the other rooms of the house with the exception of the laundry room. On the laundry room floor circular bloodstains appear, approximately 8mm-12mm in diameter. This is indicative of a blood source creating drops falling several feet down to the surface such as a standing man.

CONCLUSIONS:

Manuel Aguirre

- I. That Mr. Aguirre was attacked and killed while in close proximity to and/or upon the lounge chair.

There is little evidence of efficient struggle on Mr. Aguirre's part with his attacker.

Given the number and severity of his wounds, this is suggestive of an efficient, swift, probably surprise attack by a stronger and/or more skillful, most probably right handed opponent.

1. Mr. Aguirre was found still wearing his spectacles.
2. The livingroom was in relative order, with no sign of great struggle.
3. The following bloodstain evidence was noted:
 - a. Bloodstain is concentrated in a small area on and around the lounge chair upon which Mr. Aguirre was found and on his clothing.
 - b. Blood flow down Mr. Aguirre's left arm does

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not evidence aspect change, indicating very little or no movement after blood flow had begun.

- c. Cast off bloodstain on the livingroom ceiling light fixture directly in front of the lounge chair indicates the rearward arc of the weapon used.
 - d. Medium velocity impact spatter on Mr. Aguirre's clothing and lounge chair, as well as related void areas place Mr. Aguirre on the lounge chair before or immediately after the violent incident of bloodshed occurred.
 - e. A remarkable void area on the lounge chair was found after removal of Mr. Aguirre's body. This is also strongly indicative of the bloodshed occurring after Mr. Aguirre was already upon the chair.
4. Stab wound locations and tracks.
- a. The paths of the stab wounds Mr. Aguirre received are I believe consistent with the assertion that the majority of the wounds were delivered while Mr. Aguirre was in a seated to semi-reclined position on the lounge chair.
 - b. The location of the majority of the stab wounds, on Mr. Aguirre's left upper torso and neck, as well as the wound tracks from left to right are indicative of a right handed swing of the weapon, most probably by a right handed person.

Merced Aguirre

- I. That Mrs. Aguirre was attacked and killed while in the kitchen, in close proximity to the West wall and the kitchen table, near the entrance to the livingroom.

There is greater evidence of a struggle with her attacker than that of Mr. Aguirre.

Given the number and severity of her wounds, I believe that Mrs. Aguirre was attacked by an opponent who was considerably stronger and/or more skillful.

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Mrs. Aguirre's defense wounds also suggest that she made a stronger defense than did Mr. Aguirre, and this further suggests that she was not taken as completely by surprise as Mr. Aguirre.

Mrs. Aguirre's stab wounds suggest that she was pitted against an opponent who is most probably right handed.

There is evidence of movement within the crime scene by Mrs. Aguirre after the violent bloodshed had commenced.

That someone, possibly the attacker, pushed the front of Mrs. Aguirre's blouse up after the bloodshed had commenced.

1. Mrs. Aguirre was found lying on her back with her legs bent and inclined to the left, on the floor of the kitchen between the kitchen table and West wall, near the entrance to the livingroom. Her head was pointing to the North, her feet to the South. Mrs. Aguirre's person and clothing were considerably more bloodstained than that of Mr. Aguirre. Mrs. Aguirre was found still wearing her spectacles.
2. The kitchen was in relative order with the exception of the area where Mrs. Aguirre was found.
3. The following bloodstain evidence was noted:
 - a. Bloodstain is concentrated in the area of the kitchen between the kitchen table and the West wall, near the entrance to the livingroom.
 - b. Mrs. Aguirre's face was turned to the left as she lay supine on the floor. There was a great deal of flowed blood that appeared to have come from her nose and/or mouth that was somewhat evenly dispersed on the right and left side of her face. This indicates that her face was in a somewhat "straight up" position at one point in the latter stages of the violent incident of bloodshed and had an aspect change to her left after the blood flow.
 - c. There was evidence of impact spatter (1mm to 3mm) on Mrs. Aguirre's face and forehead, that can be attributed to her attacker striking the blood soaked medium of her blouse.

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- d. Aspect changes in the direction of blood flow on both the arms and hands of Mrs. Aguirre were indicative of movements after the bloodshed had begun. The underlying and overlying flow is not readily distinguishable, and no reliable statement can be made relating to a sequence of movements from these stains. There were transfer bloodstain on the hands and lower arms of Mrs. Aguirre with no readily distinguishable pattern.
- e. There was evidence of dropped bloodstain on the lower front portion of Mrs. Aguirre's blouse. This bloodstain appeared to be circular and in the 5mm to 9mm range. This staining was most likely placed on the blouse after Mrs. Aguirre was in the supine position in which she was found. It is possible that the blood dropped from the attackers hands/weapon while standing or kneeling over Mrs. Aguirre. Additionally, there is evidence of transfer impression pattern on the lower to mid portion of Mrs. Aguirre's blouse.
- f. Transfer impression patterns in the folds of the mid to lower front of Mrs. Aguirre's blouse indicate that at one point at/or near the end of the bloodletting, someone, possibly her attacker pushed Mrs. Aguirre's blouse upward on her torso.
- g. There was evidence of aspect changes in the blood flow on both of Mrs. Aguirre's upper and lower legs. At one point during the bloodshed, Mrs. Aguirre's legs were in a bent position, knees up, while she was lying supine. Although the overlying and underlying pattern are not readily discernable, it is possible to make some analysis of the sequence of movements. With the previous position known (above), and the position of discovery known (see #1), along with the transfer patterns discussed in j., k. and l., the following can be stated:
 - 1. That the violent incident of bloodshed began while Mrs. Aguirre was still erect. Mrs. Aguirre then either fell or was forced backwards against the West wall by her attacker, sliding down to a somewhat

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supine position with her head and shoulder against the West wall. Finally she then moved to the position in which she was found, laying on her back with her legs bent and inclined to the left.

- h. Transfer patterns on both of Mrs. Aguirre's upper anterior legs appeared to be hand and finger impressions. No readily discernable hand or fingerprints can be seen by the naked eye.
- i. An important pattern was that of a transfer impression pattern approximately 40" above the floor, and in approximate relation to Mrs. Aguirre's upper legs as she lay supine on the floor next to the West wall, (see crime scene sketch by Sgt. Robertson for measurements of the body in relation to the room). This pattern is recognizable as the partial print of the left hand and fingers of a person. It is possible that prints may be recovered that would confirm whether the prints belong to Mrs. Aguirre, or her attacker.
- j. A large transfer impression pattern appeared on the West wall centered approximately 10 " above the floor and in relation to Mrs. Aguirre's right shoulder. This pattern, roughly circular and approximately 10" in diameter clearly showed that Mrs. Aguirre's head and blood soaked hair was at one time during the violent incident of bloodshed pressed against the wall at that location.
- k. A swipe transfer impression pattern appeared on the West wall centered approximately 11 " above the floor and in relation to Mrs. Aguirre's right upper arm. This pattern, roughly diagonal and approximately 7" in length and 5" in height indicates that Mrs. Aguirre's shoulder and/or upper arm was at one time during the violent incident of bloodshed pressed against the wall at that location. The movement of the pattern is right to left and down as viewed facing the West wall.
- l. A swipe transfer impression pattern appears on the West wall centered approximately 25 " above the floor and in relation to Mrs.

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Aguirre's right elbow. This pattern, irregularly shaped, indicates that Mrs. Aguirre's head and neck was at one time during the violent incident of bloodshed pressed against the wall at that location. The movement of the pattern is left to right and downward as viewed facing the West wall.

- m. Numerous medium velocity impact spatter stains, predominantly 1mm-3mm in diameter, are found on the West wall. With the underlying and overlying patterns of impact and cast off stains on the West wall, it will be nearly impossible to determine the number of blows delivered to Mrs. Aguirre during the violent incident of bloodshed, however, it can be stated with certainty that the bloodshed occurred at that location.

4. Stab wound locations and tracks.

- a. The paths of the stab wounds Mrs. Aguirre received are I believe consistent with the assertion that the majority of the wounds were delivered while Mrs. Aguirre was in a somewhat supine position on the kitchen floor. The vertical orientation of at least one wound suggests however, as does the bloodstain evidence, that the bloodshed began when Mrs. Aguirre was still somewhat erect.
- b. The location of the majority of the stab wounds, on Mrs. Aguirre's left upper torso, neck and left upper extremities are, as in the case of Mr. Aguirre indicative of a right handed swing of the weapon, most probably by a right handed person.

General

- I. That Mr. Aguirre received his wounds prior to the attack on Mrs. Aguirre.
 - 1. The number and severity of Mr. Aguirre's wounds, as well as the evidence of struggle and defense were considerably less than that of Mrs. Aguirre. Put frankly, the attacker would have had to spend a considerably longer period of time to produce the

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number and severity of Mrs. Aguirre's wounds as compared to those Mr. Aguirre received. Therefore, I believe that the perpetrator first attacked Mr. Aguirre, and then turned his attention to Mrs. Aguirre.



**Sergeant Rick Pippins
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